<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/18/10</u>	Address:	6200 BLOCK UPTON RD
Case #:	PO 10-109D		MT, VERNON INDIANA
County:	POSEY COUNTY		47620
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open zir, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): 12-LITER HCL Corrosive Acid: Corrosive Base: Other (item and location):BATTERY PACKAGES, FILTERS			
☐ Yes _ ☐ No *If yes, fax re	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/M ☒ Other:CI	e Information le/Pseudoephedrine Tracking Log erchant Tip TIZEN COMPLAINT
This report is to be faxed to the following agencies that serve the location:			
•	ment: BLACK TOWNSHIP VFD	Fax: Fax:	_
-	artment: POSEY HEALTH DEPT	l'ax:	<u>-</u>
Child Protection Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer; KENNETH ROSE Phone 812-307-0047			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case life, and a copy sent to the Clandestine Laboratory Team Leader for retention,